PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number				
CLAIMS AS FILED PART I (Column 1) (Column 2) SMALL ENTIT							ENTIŢŸ	OR		R THAN ENTITY	
FOR NUMBER FILED			NUMB	NUMBER EXTRA		RATE FEE		] ·		T	
BASIC FEE (37 CFR 1.16(a))					NOMBER EXTRA		RAIE	FEE	l	RATE	FEE
TO	TOTAL CLAIMS					1		<u>\$</u>	OR		<u> </u>
(37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS			) =   *		ļ	X \$=		OR	x \$=		
	(37 CFR 1.16(b)) minus 3 = .			-			× \$=	· .	OR	x \$=	
MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
- 14	* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTAL		OR	TOTAL	150.
	CLAIMS AS AMENDED - PART II										
	/ (Column 1) (Column 2) · (Column 3)						SMALL E	ENTITY	OR		R THAN ENTITY
NT A	414/3	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
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AMENDMENT			<u>.l</u>		2		× \$=		OR	× s_200=	p 400,00
	FIRST PRESENT	ATION OF MULTIP	E DEPEND	ENT CLAIM (37 CF	FR 1.16(d))		+ \$=		OR	+ \$=	
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		(Column 1)		(Column 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMI	Total (37 CFR 1.16(c))	<u> </u>	Minus	••	=		X <b>\$</b> _ =		OR	X \$ =	
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AM	FIRST PRESENT	ATION OF MULTIPI	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))		+s · =		OR	+\$ =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)		•	**			
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
S	Total- (37 CFR 1.16(c))	•	Minus		-	T	x \$ · =		OR	X \$ =	
AMENDMEN	Independent (37 CFR 1.16(b))	•	Minus	***	=	ı	x \$_ =		OR .	x s =	
ΑĀ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	+ s =	
	,						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box is column 4.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: KANG et al.

Attorney Docket No.: LAM1P176/P1149

Application No.: 10/603,412

Examiner: AHMED, Shamim

Filed: June 24, 2003

Group: 1765

Title: IN-SITU PLUG FILL

Confirmation No.: 3439

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby octify that this correspondence is being transmitted by facsimile to fax number 703-872-9306 to the U.S. Patent and Trademark Office on April 14, 2005.

## AMENDMENT A TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir.

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee	
Total Claims	18	MINUS	20	0	x 25 =	x 50 = \$-0-	
Independent	5	MINUS	3	2	x 100 =	x 200 = \$400	
Claims	ndent Claim Pr	esent and Fe	\$180.00	\$360.00			
Minimple Debe		Contract Contract A		Total	\$	\$400	

	1 (2 Cc) and another the
	Applicant(s) hereby petition for a month extension(s) of time to respond to the
	aforementioned Office Action.
X	Analyzant(s) believe that no (additional) Extension of Time is required; however, if it is
	determined that such an extension is required. Applicant(s) hereby petition that such an extension
	he granted and authorize the Commissioner to charge the required less for an extension of 1 line
	under 37 CFR 1.136 to Deposit Account No. 50-0388 (Order No. LAM1P176).
	Enclosed is our Check No in the amount of \$ to cover the additional
_	claim fee and/or extension of time fees.
<b>□</b>	Please charge the required fees, or any additional fees required to facilitate filing the
M	enclosed response, to Deposit Account No. 50-0388 (Order No. LAM1P176).

Respectfully submitted,

BEYER WEAVER & THOMAS, LLP

Michael Lee

Registration No. 31,846

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